

APPLICANT

Date _____

**Zoning Section
Los Angeles County Board of Supervisors
Room 383, Kenneth Hahn
Hall of Administration
500 West Temple Street
Los Angeles, California 90012**

**PROJECT
NO/CUP NO.:**

APPLICANT:

LOCATION:

**Zoned
District**

Related zoning matters:

CUP(s) or VARIANCE No.

Change of Zone Case No.

Other

This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check (or money order), payable to the Board of Supervisors, with personal identification, prior to the appeal deadline at 5:00 p.m. at the above address. (Appeal fees subject to Change) Contact the Zoning section of the Board of Supervisors for more information: (213) 974-1426.

This is to appeal: (Check one)

_____ **The Denial of this request \$7,008.00* OR**

_____ **2 or less conditions of the Project to be listed below: (conditions 1 and/or 2 to be approved by Regional Planning): \$817.00***

CONDITION 1 (reference)

CONDITION 2 (reference)

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*** For Subdivisions \$260.00 of this amount is to cover the cost of the hearing by the Board of Supervisors**

Briefly, explain the reason for the appeal (attach additional information if necessary):

x

(Signed)

Appellant

Print Name

Street Address

City/Zip

Day Time Telephone Number

Email address